

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL N^O
091081759

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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TOTAL IND.	3		3			
TOTAL DEP.	10	↓	7	↓		↓
TOTAL CLAIMS	13	↓	10	↓		↓

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
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100					
TOTAL IND.					
TOTAL DEP.		↓		↓	↓
TOTAL CLAIMS		↓		↓	↓

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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